

Meeting Minutes
Vision Workgroup # 3
Develop a Comprehensive Statewide Integrated Information System
Tele-conference Call
August 13, 1998
4 to 6 PM

Participating Members

Members of Vision Data Workgroup

Dr. Angelo Salvucci, Commission Lead
Steve Andriese, Mountain Valley EMS
Ed Armitage, EMSA ORIS Manager
Madeline Bakes, EMSA Lead
Barbara Brodfehrer, Ventura EMS
Michael Harris, Alameda County EMS
Jean Homan, CENA Representative
Mike Kassis, OSHPD
Craig Stroup, Mountain Valley EMS
Richard Watson, Interim Director EMSA

Participating Members of Statewide Data Workgroup

Bruce Kenagy, Contra Costa EMS
Neena Murgai, San Francisco EMS
Jay Myhre, Marin County EMS

Members Unable to Participate

Members of Vision Data Workgroup

Dr. Joseph Barger, EMDAC
C. L. McArthur
Kathy Ord, Long Beach Fire Dept.

Jim Schneider, Monterey County EMS
Bonnie Sinz, Los Angeles County EMS

1. Sign-on and Introductions

After each of the participants went through a sign-on roll call, Richard Watson introduced the new manager of the ORIS unit at EMSA, Ed Armitage. After a transition period with Madeline, Ed will be the EMSA lead on the Data Vision committee.

2. Review and Approval of March 31 Minutes.

Dr. Salvucci asked if everyone had received the March 31 Meeting Minutes and whether there were any comments on the minutes or changes to them. Everyone said they had received the minutes either by e-mail or fax. There were no changes to the minutes.

3. Discussion of Survey

Dr. Salvucci wanted to discuss the national survey that Madeline had started. A copy of a synopsis of the survey had been sent to the members along with the agenda. Madeline noted that most of the states to which she had spoken, indicated that they had the same problems that California was facing. The most promising contact came from New Mexico. Bruce Allen indicated that New

Mexico had just finished installing a data collection system via the Internet using Lotus Notes. They adopted the NHTSA Data set, but had to expand it where they found the data set was not specific enough for the information needed on the run forms. They will give shareware to any provider or agency in New Mexico that requests it. Bruce estimated that they have 300,000 calls annually. They are also putting the ICD-9 codes into a table that will automatically make the conversions necessary to bill for the services rendered by the providers and hospitals. They ask for SSN, but will use a probabilistic matching system to link prehospital, hospital, trauma and discharge data, etc. Bruce indicated that the cost for the contractor to set up the system was \$250k.

Dr. Salvucci wanted the rest of the states surveyed and asked Madeline to complete the survey before completing the transition back to the budget office. There was no further discussion on the surveys, even though the agenda listed a discussion of the survey of the counties.

4. Update of the Standards and Guidelines for Statewide EMS System Evaluation Grant.

Steve Andriese gave an update of the progress on the Standards and Guidelines for Statewide EMS System Evaluation Grant. Steve stated that at the May 1997 EMSAAC Conference in San Diego, there was a post-meeting held to do some planning System Evaluation. Some of the key points of that meeting were to address the lack of the following:

- A) Statewide Oversight
- B) Statewide Standards
- C) Operating Procedures
- D) Guidance from EMSA

Mountain Valley was cognizant of the Vision committees being formed and took the lead to submit a proposal to facilitate the development of a Statewide System to Evaluate EMS. The objectives of the Grant are to:

Select a Steering Committee - *The 8 member Steering Committee has met twice.*

Select a Project Coordinator - *Craig Stroup has been selected as the Coordinator.*

Contract with a Consultant for System Evaluation Expertise - *the Center for Child Health Outcomes was chosen as the consultant group.*

Establish a broad-based multi-disciplinary group to advise the consultants as they develop guidelines and sample indicators for comparative analysis, keeping the indicators consistent with the National and Statewide indicators. *The composition of the Advisory Group has been established. Selected groups will be solicited for members to be appointed to the Advisory Group.*

Develop Standard Operating Procedures - *To be completed.*

Implement the Guidelines - *To be completed.*

At the conclusion of the grant, a proposal will be submitted to the EMS Commission for recommendation of adoption by the EMS Authority.

5. Review of Workgroup Goals.

Dr. Salvucci moved on to a review of the goals of the workgroup. He solicited feedback from the participants on what direction the group should be taking, what they should focus on, what they wanted to see accomplished. Dr. Salvucci had an vision of what he thought the group should accomplish, but wanted input from others.

Mike Kassis suggested that we need to focus on Standards for the Data elements. Mike indicated that there are a lot of National Standards, and it might be a shortcut to take advantage of those standards. Mike asked if we were aware of SB 1973 that require Hospital Discharge data be automated by the year 2001. If EMS is going to possibly link with OSHPD's system, then we need to use the same definitions or standards of data.

Mike also indicated that there is currently discussion at the federal level of a National Patient Identifier which may help with the need to link data. If the link can be made, then EMS can do retrospective analysis. Mike felt that both OSHPD and EMSA should agree to adopt a core data set of patient identifiers - name, birth date, sex, etc. along with the SSN.

Dr. Salvucci queried Mike as to whether or not he had a sample of the data set. Mike responded that he did and that it was on OSHPD's web site at www.chipp.cahwnet.gov/coredata.htm. A copy of this data set is included with these notes as Attachment "A" for the members to review.

Bonnie Sinz continued the discussion with a question on the role of the Vision Committee vs. the Statewide Data Committee. Bonnie indicated that she was a member of the State Data Committee and was on the call due to Dr. Salvucci's invitation for any of the members of the Statewide Data Committee to join the conference call. Bonnie felt that these were two distinct committees, one to look at a more global aspect of data and where the State of California wanted to go and the other to look at the specific data elements.

Dr. Salvucci responded that what Bonnie is talking about is data definitions and what Mike Kassis was discussing were the patient identifiers which were two different areas. Dr. Salvucci reiterated that the Statewide Data Committee members were welcome to participate in the work of Vision Committee.

Richard Watson indicated that he was unclear as to the difference between the two groups and how they fit in with the Statewide Evaluation Grant that Steve had talked about, but that he would get with Madeline and Ed and sort it out.

Michael Harris posed that he felt there were two functions involved: 1) to create the Data Set itself and 2) to provide data. Mike felt that the mission of the Statewide Data Committee was to define the Data Elements and the Vision Committee was to develop the mechanism and method to collect and report the data.

Richard then added that he saw the State Data Committee as an ongoing committee which would be giving advice to the Authority. The State Data Committee could meet with the Vision Committee to understand where EMS is going with data in the future.

Bonnie replied that she saw the Vision Committee as a global approach and the Statewide Data Committee would take the Vision Committee suggestions and run with it.

Ed Armitage added that he saw the Vision Committee as being more strategic in nature and the State Data Committee as being more tactical in nature.

Dr. Salvucci felt that both groups could work together and wanted to continue on to discussing other possible projects that the group would want to complete under the mandate it was given.

Jim Schneider added that he felt we should address the confidentiality issue. We could use OSPHD as the model as they had successfully addressed that topic.

Mike Kassis indicated that they had addressed that issue because of the conflict between the public's right to access of information and the right to confidentiality of records. Mike explained that there are three areas involved with data:

- 1) Data Collection - involving security, transmission, standards - get the data it in.
- 2) Data Processing - what to do with the data, editing it, packaging it - get it right.
- 3) Data Out - involves confidentiality, public data set etc, - get it back out.

There is confidentiality in the collection of the data, but security is a part of all 3 areas.

Craig Stroup posed the idea that there is not a lot of expertise in collecting data. It is important at the beginning to ask the right questions. Maybe look at what would be the most the top 5 most important questions and see if the answers are available in the system.

Dr. Salvucci responded that the group had taken up the topic of what questions we want answered at the March 31 meeting and a sample of the questions were included in the minutes. He then again asked for any ideas that the group had for reports.

Jean Homan answered that she felt that Trauma Triage Criteria was one that would be helpful. Dr. Salvucci added that to the list of questions to be answered.

Michael Harris suggested that we divide into sub-groups to define these reports. Perhaps go to the individuals involved in EMS and ask them what ideas they have and then compile the information into a list of reports. A structure approach is needed to do that. Dr. Salvucci added that they could be part of an integrated information system. Dr. Salvucci then solicited comments from the other participants. Jean Homan felt that would be a good idea.

Dr. Salvucci added that he did not want to get into an endless stream of information. We need to decide if we want to measure process questions or outcome questions. After further discussion, Michael agreed to chair the subcommittee to Define Reports.

Jim Schneider volunteered to work on the Confidentiality issue since he had already done work in that area. Jim further asked what type of data linking we were planning, i.e., a one to one link for all patients or would it be good enough to do probabilistic linking for statistical purposes? After more discussion, Neena Murgai agreed to work with Jim on Statistical linking.

Steve Andriese went on to say that we needed a sub-group to define reports. Dr. Salvucci asked if we can get to what kind of report we need. Michael Harris felt that the delivery structure should be to a central repository. Ed Armitage volunteered to look at a central data system for data collection at the state level. Jay Myhre volunteered to work with Ed. Richard added that each of the LEMSA's have a different type of system and while he recognizes that some of them may have spent a great deal of money on them, his dream is to get one system at the Authority. There was more discussion of such a system that I did not capture the details on. The upshot of it was that it may cost a lot of money to initiate such a system at the state level. Richard clarified that the group should not be hampered by the cost of what it might take to get the system in place, they should present what they think is needed regardless of cost.

Dr. Salvucci then talked about the various ways of capturing prehospital information and making it electronic - hand held computers, scantrons, laptops, etc. Bonnie saw it as a two part process. Data collection into a repository and means of that data collection. Bonnie volunteered to work with Dr. Salvucci on how data is collected.

Mike Kassis asked if perhaps someone should explore foundation grants to help fund the development of this system. Maybe another group needs to be formed to research such funding. He went on to say that foundations will award grants to: identify the system, analyze the options, develop a procurement plan, develop costs, etc. They, of course, will not fund ongoing costs. Mike added that he realized that we were operating under a short time frame and maybe that should be done long term.

Dr. Salvucci added that another issue was to identify all of the participants involved in data. He offered to try to find a list of customers. Jim offered that he had a data set that was a list of who's who and will e-mail it to Dr. Salvucci.

Jim also had a question for Mike - how closely do we follow the CDC DEEDS data set. Mike's response was "closely". Further clarification from Mike Kassis submitted after the meeting "Actually, we plan to use DEEDS if it is adopted as the national standard for emergency medical records. Considering its acceptance so far, that looks like the case. We'll know more in the months ahead. We have not begun the preliminary work on developing the ER data set requirements."

Dr. Salvucci felt that we had taken on enough of a set of projects for now. He did ask if we should have any further sub-groups that had not yet been discussed. He added that we have a meeting scheduled in September and queried the group as to their availability to attend the meeting in Los Angeles. Madeline confirmed that a room had been reserved for the meeting at the Embassy Suites Hotel - LAX, International Airport North, 9801 Airport Blvd., Los Angeles, CA. (310) 215-1000 on the evening of September 22, 1998 from 7 to 9 P.M.

Madeline requested a review of the sub-groups that we had agreed to form and the respective volunteers. The sub-committees are as follows:

- Core Data Set - Mike Kassis
- Defining Reports - Michael Harris and Steve Andriese
- Confidentiality Issue - Jim Schneider
- Transmission and a State Repository - Ed Armitage, Bruce Kenagy and Jay Mhyre
- Data Entry - Bonnie Sinz and Dr. Salvucci
- Foundation Funding - Mike Kassis and other major players
- Data Linkage - Neena Murgai, Mike Kassis and Dr. Salvucci
- EMS Customers - Dr. Salvucci, Jean Homan and Craig Stroup

These are draft notes as I recollect them. If you have changes or items that I may have omitted, please do not hesitate to contact me at (916) 322-4336, ext. 345. I will be happy to make any necessary changes.

Please note that the Core Data - Technical Information is 21 pages and will be sent in hard copy once the meeting notes are finalized.

ATTACHMENT “A”

DHS CORE DATA

California has taken a major step to improve the usefulness of health data. The State Department of Health Services Director, Kimberly Belshe', established a new health information policy on June 3, 1996. The policy requires collection of a set of five core common data elements for all clients served by Department of Health programs. It will establish a personal identifier and expand opportunities for linking data. It emphasizes strict confidentiality and security controls and includes client consent. CHIPP is an active promoter of core data development and is working with DHS as a member of its Core Data Steering Committee.

The following is a summary of Director Belshe's new policy:

1. All Department datasets that contain individual client data or individual health status, morbidity and mortality data must contain five common core data elements.

Birth Name of Client	Mother's First Name	Gender
Date of Birth	Place of Birth	

2. Seven common confirmatory data will be included when possible.

Social Security Number	Mother's Maiden Name	Father's Name
Other Client Numbers	Client Aliases/Nicknames	
Client County of Residence	Client Zip Code of Residence	

3. Core and confirmatory data elements must be collected according to standard definitions and formats. Strict confidentiality and security standards and procedures, including appropriate and clear client consent forms must be used.
4. Implementation of this policy will occur whenever new datasets are developed and when established datasets undergo changes. Full implementation for all program datasets will occur by June 1998. Exceptions may be granted on a case-by-case basis.

Contact the Department's Center for Health Statistics at (916) 322-1223 for further information.

Core Data - Technical Information (Acrobat Reader file)

Director's Implementation Memo - March 21, 1997